PLEASE PRINT

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS

RECEIVED

JUL 2:6 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

1. Name of Lobbyist(s) Reaction Reaction
II. Name of lobbyist's partnership, firm or corporation, if any:
Reacan French Inc
Business Address: (Street) Mount ValCht Deerfiel NI 03637 (Town/City) (State) (Zip Code)
(403 467 5945 () MOSE e-mail son 1 reacon (1) @ 6767 ca
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)
(Full Name of Client as it appears on the Lobbyist Registration Form) OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are
unrelated to any particular client.
unrelated to any particular client. This is a df initial refort.
IV. Date of Report April 26, 2023 July 26, 2023
Reports cover: activity from date of registration to 3/31/23 activity from 4/1/23 to 6/30/23
October 25, 2023 January 31, 2024 activity from 7/1/23 to 9/30/23 activity from 10/1/23 to 12/31/23
V. There have been no fees received and no reportable transactions made since the last report.
If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
1 700, 700 mm, or your family has made pointed contributions, you must me Addendum C- Pointed Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true
and complete to the best of my knowledge and belief.
(Signature d) Toobyist) 7/22/23 (Date)
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Tohn Reason	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Name of partnership, firm or corporation)	•
(Name of partnership, firm or corporation) III. Name of Client East Coc & Comaba a	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ / O, 000,
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 10,600
d) Indicate the amount of any such fees that are due, but have not yet been paid	c) \$ 10,600 d) \$0 _
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person and with a value of \$25.00 or less); and porting period of greater than \$25.00 for the of greater than \$25, purchase of a fer than \$25, but not greater than \$50, the expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$O
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$ O _
c) Total of all itemized expenditures reported in detail in section VI.	c) \$_ ~ O ~

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	f)\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
None	\$
	\$
	\$
	\$
	\$
	\$
	s
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	7/32/23 (Date)
(Signature of lobbyist) 18 ha 17 e a a a a a a a a a a a a a a a a a a	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



I. Name of Lobbyist(s) P L II. Name of lobbyist's partnership, firm or corporation, if any: E A (Name of partnership, firm or corporation) \mathbf{S} E III. Name of Client P R 1 N Ţ State the full name of the person receiving the honorarium or expense reimbursement: Middle Name/Initial Last Name First Name What is the value of the honorarium or expense reimbursement? \$_ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event). (If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.) Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date) (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions

Addendum C (RSA Chapter 15:6)

Initial report

	I. Name of Lobbyist(s) Tohy beacan
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S	(Name of partnership, firm or corporation) The series of partnership, firm or corporation)
E	, , , , , , , , , , , , , , , , , , , ,
P R	III. Name of Client Eust Coast Coast Coast Coast S Date 7/21/23
I	Political Contributions For each molitical contributions
T	For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:
	Full name of candidate: (Last Name) (Middle Name/Initial) (Middle Name/Initial)
	Amount of contribution \$ 100
	Amount of contribution \$ 100 Office Candidate is Seeking 5 Three 500 at 2
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
	- Pearl Havard \$100 STATE Gerate
	Full name of candidate: (Last Name)
	Amount of contribution \$ 500 Office Candidate is Seeking Reform VPS
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
	enter an estimated value and the word "estimate."
	Granite FOLUTIONS
	7 (000 Retresoner) vos
	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)
•	Amount of contribution \$ Office Candidate is Seeking \signature \signat

	valley Teb		 _
	F'150	Store	Seroth
			5000
f more than three contributi	ons were made, report additional contribution	ons on separate addendum (C forms.)
worn Statement/Affii	rmation by Lobbyist		
have read RSA 15, RS true and complete to t	A 15-B and RSA 664 and hereby swith best of my knowledge and belief	vear or affirm that the	foregoing information
Signature of lobbyist)	2 July		1/22/29 (Date)
(Print Name of lobbyis	_		
	son one vici	on the	•
	Senote vici		STORE SOUPTOSS
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•	-	LOU	
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